Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

(X3) DATE SURVEY

(X2) MULTIPLE CONSTRUCTION A. BUILDING

B. WING

COMPLETED

03/13/2009

PRINTED: 03/25/2009 FORM APPROVED

NVS2770SNF NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EVERGREEN AT PAHRUMP HEALTH &

4501 NORTH BLAGG RD PAHRUMP, NV 89048

PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) Z 000

Z342

Z 000 Initial Comments

This Statement of Deficiencies was generated as a result of a re-licensure survey of the facility on March 10, 2009 through March 13, 2009.

The survey was conducted using Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities Regulations, adopted by the Nevada State Board of Health on August 4, 2004.

The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations. actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.

The following regulatory deficiencies were identified:

Z342 NAC 449.74511 Personnel Records - Licenses, TB, Background

- 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation:
- a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee;
- b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and
- c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188.

DISCLAIMER CLAUSE

PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DIFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR **EXECUTED SOLELY BECAUSE IT IS** REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.

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If deficiencies are cited, an approved plan of correction must be retained within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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Z342	Continued From page 1		Z342		
				Z342	1
	This Regulation is not met as evidenced by: Based on personnel record review, the facility failed to include documentation of a physical examination, employee reference checks, a signed statement the employee was not convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188, and that the employee was fingerprinted for 10 of 10 sampled employees (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10). Findings include:			Evidence of a reference check and physical exam will be completed and placed in employee files for employee's number 1, 2, 7, 8, 9, and 10 by 4/10/2009 by the HR director	04/10/2009
				Evidence that shows employee #3's fingerprints were sent to the Nevada State Highway patrol will be placed in their file by the HR director by 4/10/2009.	04/10/200
	Employee #1's (hire date 9/2/08) person record lacked evidence the employee's checks were conducted and a physical examination was completed by a physic Employee #2's (hire date 10/16/08) person record lacked evidence the employee's checks were conducted and a physical examination was completed by a physical	reference ian. connel reference		Evidence that shows a reference check and a physical exam will be completed and will show fingerprints sent to the Nevada State Highway Patrol by 4/10/2009 and placed in employee files for employee numbers 4 and 5 by the HR director.	04/10/200
	Employee #3's (10/20/08) personnel reclacked evidence the employee was fing with the prints sent to the Nevada Highweight Employee #4's (11/14/08) personnel reclacked evidence the employee's referenchecks were conducted, a physical example was completed by a physician, and the was fingerprinted with the prints sent to Nevada Highway Patrol.	erprinted vay Patrol. cord ce mination employee		Evidence that shows a physical and the signed statement from employee #6 that she signed that stated she was not convicted of the specific crime will be placed in the employee's file by the HR director by 4/10/2009	04/10/2009
	Employee #5's (11/14/08) personnel reclacked evidence the employee's referenchecks were conducted, a physical example was completed by a physician, and the	ce mination			

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STATEMENT	OF	DEFICIENCIES	
AND PLAN O	F C	ORRECTION	

NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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		4501 NORTH BLAGG RD PAHRUMP, NV 89048			
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Z342	Continued From page 2		Z342		
	was fingerprinted with the prints sent to Nevada Highway Patrol. Employee #6's (hire date 1/5/09) person record lacked evidence a physical examwas completed by a physician and that temployee signed a statement she was ronvicted of the specified crimes. Employee #7's (hire date 1/6/09) person record lacked evidence the employee's checks were conducted and a physical examination was completed by a physi	inel ination the not inel reference ian. inel reference ian. inel reference ian. inel ination sonnel reference ian. thich ity for ersons thout	Z393	A current and accurate personnel record will be kept for employees and maintained at the facility. An inservice will be given for the HR Director, Staff Development Coordinator, and Executive Director that explained what the personnel record needed to contain. This will be completed by 4/10/2009. The contents of personnel records will be monitored by the HR Director, Staff Development Coordinator, and the Executive Director in the CQI Meetings held at a minimum, quarterly.	04/10/2009
	disease, who has direct contact with an		 	and the state of t	j

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STATEMENT OF DEFICIENCIES
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NAME OF PROVIDER OR SUPPLIER

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

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A. BUILDING	30
B. WING	03/13/2009

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Z393	Continued From page 3		Z393		
2393	care to persons with any form of dementice who is licensed or certified by an occupation licensing board must complete the follow number of hours of continuing education specifically related to dementia: (a) In his first year of employment with a for skilled nursing, 8 hours which must be completed within the first 30 days after the employee begins employment; and (b) For every year after the first year of employment, 3 hours which must be completed pursuant to this section: (a) Must be approved by the occupational licensing board which licensed or certified person completing the continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education required pursuant to this section. 3. Each facility for skilled nursing shall meroof of completion of the hours of continuing education required pursuant to this section. 4. A person employed by a facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to persons of the facility for skinursing which provides care to person	facility e facility e ne npleted first day uired to al ditional ditional ditional ditional dition in the acility who ation with any ation, se, is not uing a as us 12 education	2393		
	are cited, an approved plan of correction must be				l

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STATEMENT	OF DEFICIENCIES
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Z393	(a) An overview of the disease of demendincluding, without limitation, dementia care Alzheimer 's disease, which includes inson the symptoms, prognosis and treatmed disease; (b) Communicating with a person with decorporation of the person with dementia; (d) Recreational and social activities for a with dementia;	tia, used by struction ent of the ementia; vith a person	Z393		
	 (e) Aggressive and other difficult behavior person with dementia; and (f) Advising family members of a person dementia concerning interaction with the with dementia. 	with			T.
	This Regulation is not met as evidenced Based on personnel record review, the fa failed to ensure documentation of the rechours of dementia training within the first of employment for 5 of 10 sampled emp (#1, #2, #4, #5, #6). Findings include:	acility quired 8 t 30 days		Z393 Evidence for employee #'s 1,2,4,5 and 6 that shows the completion of the initial 8 hours of Dementia training will be completed and filed in their personnel files by 04/10/2009 by the	04/10/2009
	Employee #1's (hire date 9/2/08) person record lacked evidence of the 8 hour init dementia training.			HR director.	
	Employee #2's (hire date 10/16/08) pers record lacked evidence of the 8 hour init dementia training.				
	Employee #4's (hire date 11/14/08) pers record lacked evidence of the 8 hour init dementia training.				
	Employee #5's (hire date 11/14/08) pers				

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STATEMENT OF DEFICIENCIES	
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Z393	Continued From page 5		Z393		
	record failed lacked evidence of the 8 hodementia training.	our initial		Z393	
	Employee #6's (hire date 1/5/09) person record lacked evidence of the 8 hour init dementia training. Severity: 1 Scope: 2			Employees will receive 8 initial hours of dementia training within the first 30 days of hire and 3 additional continuing education hours of dementia training each year thereafter on or before their first year anniversary date. Continuing education hours will be taught by the Staff Development Coordinator with evidence of the training kept in the employee's files, monitored by the HR director during CQI meetings held on a minimum quarterly basis.	
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